

NOTIFICATION OF FACILITY CHANGE FORM

Submit to: Arizona Department of Education, Exceptional Student Services, Attention: Vouchers Unit
1535 W. Jefferson, Bin # 24, Phoenix, AZ 85007 or FAX to: (602) 364-0428

THIS FORM IS TO BE COMPLETED BY THE STATE PLACING AGENCY AND MAY BE USED ONLY WHEN (1) A STUDENT HAS AN EXISTING HSD EDUCATION VOUCHER APPROVAL AND (2) IS TRANSFERRED FROM ONE RTC TO ANOTHER RTC, OR RE-ENTERS THE RTC FROM WHICH THE STUDENT WAS RECENTLY WITHDRAWN. A COPY MUST BE SENT TO ADE, THE HOME SCHOOL DISTRICT AND THE RTC.

STUDENT NAME: First Last . DOB: _____
HSD EDUCATION VOUCHER APPROVAL DATE: _____ VOUCHER NUMBER: _____
HOME SCHOOL DISTRICT: _____
HSD CONTACT: _____ PHONE _____

PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE THE INFORMATION REQUESTED:

☒ **TRANSFER** Previous Facility: _____
New Facility: _____ Date of Transfer: _____

☒ **RE-ENTRY** Facility: _____ Date of Re-Entry: _____
Reason for Withdrawal: _____ Withdrawal Date: _____

STATE PLACING AGENCY: (SELECT ONE)

☒ AOC: _____ ☐ JCC or ☐ ADP

☒ ADJC

☒ DES/DDD: _____

☒ DES/ACYF: _____

☒ DHS/ _____

☒ NAVAJO RBHA

☒ GILA RIVER RBHA

☒ PASCUA YAQUI RBHA

SPA CONTACT: _____

PHONE: _____

Signature of SPA Representative

Date